Committee Office Franking Certification Form

Commission on Congressional Mailing Standards

U.S. House of Representatives

1338 Longworth House Office Building Washington, DC 20515

Telephone: Majority (202) 225-9337; Minority (202) 225-2061 Fax: Majority (202) 226-0047; Minority (202) 225-7664

Ge	ner	al Certifications:				
I herby certify that the attached material submitted for review is being submitted in actual size and color or the material advertisement (newspaper, poster, sign, banner, etc.) and is being submitted true to scale and in actual color.					in actual size and color or the material is an to scale and in actual color.	
		I hereby certify that, to the best of my knowledge, the attached material submitted for review does not contain any logo, masthead design, slogans, photographs or facsimiles thereof contained in the campaign literature of a Member, or any specific campaign promises or pledges of a Member or political party.				
		I hereby certify that this mailing committee.	is ordinary and necessary	to the conduct of the n	ormal and regular business of the	
ΕI	ecti	on Certifications:				
		PLEASE COMPLETE THESE CERTIFICATIONS ONLY IF YOU ARE SUBMITTING MATERIAL FOR REVIEW WHICH WILL E				
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			AN	D/OR		
 THE MEMBER INTO WHOSE DISTRICT, TERRITORY, OR COMMONWEALTH THE MATERIAL WILL BE DISTRIE PUBLIC OFFICE. 					VILL BE DISTRIBUTED IS A CANDIDATE FOR	
		I hereby certify that this material will not be distributed as a mass mailing/communication.				
		I hereby certify that under the laws of the State, territory, or commonwealth of the Member who is distributing this mass mailing/communication (or at whose direction it is being distributed), the name of said Member will not appear on the ballot in the next:				
		O Primary Election,	O General Election,	C Runoff Election	O Special Election	
		I hereby certify that under the laws of the State, territory, or commonwealth of the Member into whose district, territory commonwealth this mass mailing/communication will be distributed, the name of said Member will not appear on the brin the next:				
		C Primary Election,	O General Election,	C Runoff Election	O Special Election	
		Signature of Staff Contact			Date signed: MM/DD/YIEAR	
	Name of Staff Contact (Please print or type)					
		Title of Staff	Contact (Please print or type)			
		Name of Co	mmittee (Please print or type)			